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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing       Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e) required)  
OR

Attorney Docket Number	3006-1772
First Named Inventor	Thomas A. Osborne, et al.
<b>COMPLETE IF KNOWN</b>	
Application Number	
Filing Date	September 16, 2005
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe that the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**VASCULAR VALVE WITH REMOVABLE SUPPORT COMPONENT**

05/05/2006 EXAPPSN 00000133 10349437

03 FC:16(7)

130.00 5:

(Title of the Invention)

The specification of which

 is attached hereto  
OR was filed on (MM/DD/YYYY) 03/17/2004 as United States Application Number or PCT InternationalApplication Number PCT/US04/008176 and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation in-part-applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
PCT/US2004/008176	PCT	03/17/2004	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under U35 USC 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/455,241	03/17/2003	<input type="checkbox"/>
60/491,490	07/31/2003	<input type="checkbox"/>

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number	30565	OR	<input type="checkbox"/> Correspondence address below
Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.			
Given Name (first and middle [if any])	THOMAS A.		Family Name or Surname	OSBORNE	
Inventor's Signature	<i>Thomas A. Osborne</i>			Date	<i>Nov. 2, 2005</i>
Residence: City	State	Country	Citizenship		
Bloomington	Indiana	US	US		
Mailing Address					
9480 S. Pointe LaSales Drive					
City	State	ZIP	Country		
Bloomington	Indiana	47401	US		
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.			
Given Name (first and middle [if any])	BRIAN C.		Family Name or Surname	CASE	
Inventor's Signature	<i>Brian C. Case</i>			Date	<i>Nov 2, 2005</i>
Residence: City	State	Country	Citizenship		
Bloomington	Indiana	US	US		
Mailing Address					
841 Rosewood Drive					
City	State	ZIP	Country		
Bloomington	Indiana	47404	US		
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
PTO/SB/02A

NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])	DAVID R.	Family Name or Surname	LESSARD
Inventor's Signature	Date <i>DM Nov. 15, 2005</i>		
Residence: City Bloomington	State Indiana	Country US	Citizenship US
Mailing Address <i>DM</i> 4302 Chadwick Drive 3684 STERLING Ave.			
City <i>DM</i> Indianapolis Bloomington	State Indiana	ZIP 47401	Country US
NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])	NEAL E.	Family Name or Surname	FEARNOT
Inventor's Signature	Date		
Residence: City West Lafayette	State Indiana	Country US	Citizenship US
Mailing Address 3051 Hamilton Street			
City West Lafayette	State Indiana	ZIP 47906	Country US
NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
PTO/SB/02A

NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any]) DAVID R.		Family Name or Surname LESSARD	
Inventor's Signature		Date	
Residence: City Bloomington	State Indiana	Country US	Citizenship US
Mailing Address 4302 Chadwick Drive			
City Indianapolis	State Indiana	ZIP 47401	Country US
NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any]) NEAL E.		Family Name or Surname FEARNOT	
Inventor's Signature <i>Neal E. Fearnot</i>		Date <i>October 13, 2005</i>	
Residence: City West Lafayette	State Indiana	Country US	Citizenship US
Mailing Address 3051 Hamilton Street			
City West Lafayette	State Indiana	ZIP 47906	Country US
NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country